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ATTORNEY DOCKET NO. CONFIRMATION NO APPLICATION NO. FILING DATE FIRST NAMED INVENTOR MAS AMON 017750-378 2977 09/116 809 09/07/1009

TITLE OF INVENTION: DUAL INFRARED BAND OBJECTIVE LENS

APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	20	\$1400	03/16/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
HELLNER, MARK		3663	250-339010	_	
Change of correspondence address or indication of "Fee Address" (37 RR 1.55).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.  Tee, Address "indication (or "Fee Address" indication form PTO/SB/12) or more recen) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 1 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 1 the name of the names of up to 2 the name of the names of up to 3 the name of the names of up to 3 the name of the names of up to 4 the name of the names of up to 5 the name of the names of up to 6 the name of the names of up to 6 the name of the names of up to 7 the names of the names of up to 8 the names of the names of up to 8 the names of the names of up to 8 the names of the names of up to 8 the names of the names of up to 8 the names of the names of up to 8 the names of the names of up to 8 the names of the names of up to 8 the names of the names of up to 8 t		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

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Typed or printed name

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A check in the amount of the fee(s) is enclosed. Payment by credit eard. Form PTO-2038 is attached.

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Patrick C. Keane

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